

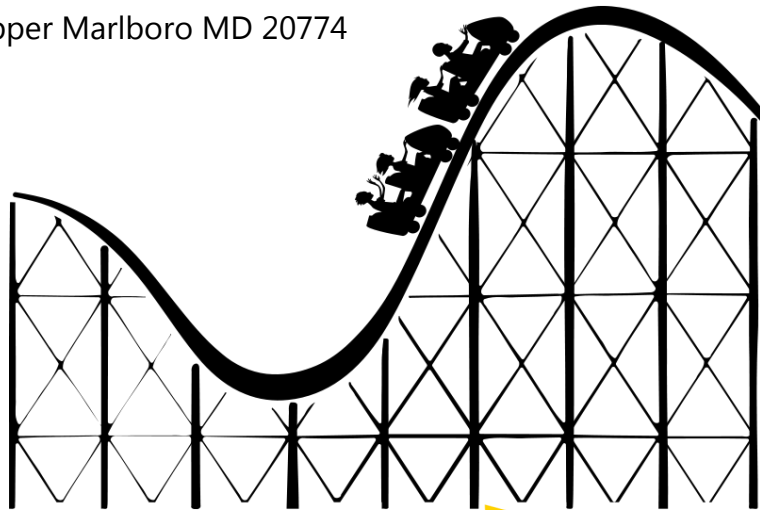
SIX FLAGS AMERICA!!

13710 Central Ave., Upper Marlboro MD 20774

Thursday, July 28, 2016

9:00 a.m. – 7:00 p.m.

\$45 - Student Union & GYC Members!



Drop off at the
Olde Towne Youth Center at 9am
(301 Teachers Way)

Pick up participants at the
Activity Center at Bohrer Park at 7pm
(506 S Frederick Ave.)

Members should bring money to buy food and may bring snacks for the bus. Outside food/beverages are not permitted in the park. Bags and personal items are not permitted on rides. Lockers are available for rent at the park. For more information and details about the park, please visit www.sixflags.com/america



Gaithersburg
A CHARACTER COUNTS! CITY



Maura Dinwiddie at 301-258-6350 or mdinwiddie@gaitthersburgmd.gov
Sara Morgan at 301-258-6440 or smorgan@gaitthersburgmd.gov

GYC & Student Union - Six Flags 7/28/16

☐ Check here if new address/phone since last time registered.

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
			Six Flags	45442	7/28/16			\$45.00

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 45442

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____